

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CONSULTATION SHEET	
REQUEST		
TO: SURGERY IN	FROM: (Requesting physician or activity) BUSSANICS	DATE OF REQUEST 10/25/05
REASON FOR REQUEST (Complaints and findings)		
<p>① LEFT-UPPER QUADRANT mass, states is progressively increasing mass P/E: 4x4cm MASS movable LUG</p> <p>② Also claims Bleeding Hemorrhoids P/E + Hemorrhoid ②</p>		
PROVISIONAL DIAGNOSIS		
① Left upper quadrant MASS FOR LUG		② Hemorrhoids
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION
<i>Dr. Bussanics</i>		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> 72 HOURS <input type="checkbox"/> TODAY <input type="checkbox"/> EMERGENCY
CONSULTATION REPORT		
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEMEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO

4x4 cm. Lipoma LUG
can excise locally

Intraoperative bleeding Hemorrhoids

Anesthesia FEC suppository

PR TH

SIGNATURE AND TITLE		(Continue on reverse side) IN 4/5/12	
<i>Dr. Bussanics</i>		DATE 10/25/05	
HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT	
RELATION TO SPONSOR	SPONSOR'S NAME (Last, first, middle)	SPONSOR'S ID NUMBER (SSN or Other)	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. /SSN or other; Sex; Date of Birth; Rank/Grade)		REGISTER NO. 10924-052	WARD NO.

Mostison, Don M.D.

CONSULTATION SHEET 000250
Medical Record

513-110

NSN 7540-00-634-4127

MEDICAL RECORD		CONSULTATION SHEET		
REQUEST				
TO:	FROM: (Requesting physician or activity)		DATE OF REQUEST	
Dr Graham	H. Beam FCMR		4/27/05	
REASON FOR REQUEST (Complaints and findings)				
<p>4340 SP cholecystectomy 4/19/05 for gangrenous gallbladder needs post op check</p>				
PROVISIONAL DIAGNOSIS				
DOCTOR'S SIGNATURE		APPROVED	PLACE OF CONSULTATION	
<i>H. Beam</i>		<i>H. Beam, M.D. FCM R</i>	<input type="checkbox"/> BEDSIDE	<input type="checkbox"/> ON CALL
			<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
			<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> EMERGENCY
CONSULTATION REPORT				
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO		
<p>st ab p.o. no N, V Bowels OK wound healing well, no hemia or infection appetite still down a little & he has lost some weight by appearance (still is one week) morning well & looks good Re - no heavy activity for a few more weeks will see as needed</p>				
(Continue on reverse side)				
SIGNATURE AND TITLE <i>D. Olson</i>				DATE 12-27-05
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.	
10924-052				

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

000251

Donald Moshier

Reviewed by D. Olson, MD
Date: 5/12/05CONSULTATION SHEET
Medical RecordSTANDARD FORM 513 (REV. 8-92)
Prescribed by GS/OMR, FIRMR (41 CFR) 201-9.202-1

HCV Treatment Psychology Evaluation
FCI, McKean

NAME: Moshier, Donald

Reg. No. 10924-052

AGE: 43

ETHNICITY: White, non-Hispanic

INSTANT OFFENSE: PWITD Methamphetamine; Mailing Threatening Communications

LENGTH OF SENTENCE: 120 months

MANDATORY RELEASE DATE: 2/28/2012

CUSTODY/SECURITY LEVEL: IN/Medium

INSTITUTION ADJUSTMENT: Good

PRESENTING PROBLEM/REASON FOR REFERRAL: Inmate Moshier, Donald is being considered for combined interferon and ribavirin treatment for chronic HCV.

PSYCHIATRIC HISTORY, ONSET OF: No history of mental illness or treatment, no family history of mental illness.

MEDICATIONS: Acetaminophen 500mg, 2 tab, bid; Ranitidine 150mg, bid; Tetracycline, 500mg, bid; Hydrocortisone Cream, 1%.

HISTORY OF ALCOHOL ABUSE/DEPENDENCE: History of methamphetamine, cocaine and cannabis dependence.

HISTORY OF HEAD TRAUMA: None

HISTORY OF ANTISOCIAL BEHAVIOR: Conspiracy to Distribute Methamphetamine; Mailing Threatening Communications; Grand Theft, DUI, Harassment, Possession of Marijuana

OTHER PERTINENT PSYCHIATRIC HISTORY: None

PERTINENT MEDICAL/SURGICAL HISTORY: Chronic HCV, Asthma, Peripheral Vascular Disease

MENTAL STATUS EXAMINATION - PERTINENT FINDINGS: Inmate Moshier has appropriate affect and euthymic mood. He denies any family history of suicide. The inmate denies thoughts of hurting himself or others. There is no evidence of psychosis or disturbed thinking. The inmate is aware of the risks of treatment/non-treatment for HCV as described by his treating physician. He was made aware of the signs and symptoms of depression that might signal a need for additional treatment and could potentially result from his treatment of chronic HCV with the medications being contemplated by his treating physician.

DIAGNOSTIC IMPRESSION

Axis I: Polysubstance dependence, in remission due to incarceration

Axis II: Personality disorder, NOS (with antisocial features)

RECOMMENDATIONS: There are no mental health contraindications for inmate Moshier to receive a trial of interferon/ribavirin for the treatment of chronic HCV.

Walter L. Rhinehart, Psy.D.

Chief Psychologist

FCI, McKean

9/22/04

REVIEWED BY

9/24/04
 N. Bell

BEAM, MD
 FCI MCKEAN

000252

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***

FINAL REPORT

Register Number : 10924-052 Age : 42yr
Name : MOSHIER JR, DONALD Sex : M
Location : FCI MCKEAN (MCK) Room:
Admit. Physician: BEAM, MD Accession Number : 5284
Order. Physician: BEAM, MD
Collected : 07/19/04 @ 08:10 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
COMP. METABOLIC				
Glucose	168		70 - 110 mg/dL	JE RY
Urea Nitrogen	16		7 - 22 mg/dL	JE RY
Creatinine	1.0		0.6 - 1.6 mg/dL	JE RY
Sodium	141		137 - 148 mmol/L	JE RY
Potassium	3.9		3.5 - 5.0 mmol/L	JE RY
Chloride	105		99 - 114 mmol/L	JE RY
Calcium	8.7		8.5 - 10.9 mg/dL	JE RY
Total Protein	7.0		6.0 - 8.2 g/dL	JE RY
Albumin	3.9		3.6 - 5.1 g/dL	JE RY
Alkaline Phos.	80		41 - 133 U/L	JE RY
AST (SGOT)	106	HI	11 - 55 U/L	JE RY
Total Bilirubin	0.7		0.2 - 1.3 mg/dL	JE RY
Cholesterol	110	LO	140 - 200 mg/dL	JE RY
ALT (SGPT)	130	HI	11 - 66 U/L	JE RY
TSH	1.16		0.30 - 7.00 uIU/mL	KS RY
CBC				
White Blood Cell	5.0		4.3 - 11.1 10 ³ /uL	RS RY
Red Blood Cells	5.52		4.46 - 5.78 10 ⁶ /uL	RS RY
Hemoglobin	17.6		13.6 - 17.6 g/dL	RS RY
Hematocrit	50.7		40.2 - 51.4 %	RS RY
MCV	91.8		82.5 - 96.5 fL	RS RY
MCH	32.0		27.1 - 34.3 pg	RS RY
MCHC	34.8		33.0 - 35.0 g/dL	RS RY
RDW	13.6		12.0 - 14.0 %	RS RY
PLT	101	LO	130 - 374 10 ³ /uL	RS RY
MPV	9.3		6.9 - 10.5 fL	RS RY
AUTODIFF				
Neutrophils	70.9	HI	43.0 - 67.0 %	RS RY
Lymphocytes	19.3	LO	21.0 - 45.0 %	RS RY
Monocytes	7.1		5.0 - 13.0 %	RS RY
Eosinophils	2.3		0.0 - 7.0 %	RS RY
Basophils	0.4		0.0 - 1.0 %	RS RY
Neutrophil #	3.5		1.9 - 6.7 10 ³ /uL	RS RY
Lymphocyte #	1.0	LO	1.3 - 3.7 10 ³ /uL	RS RY
Monocyte #	0.4		0.3 - 1.1 10 ³ /uL	RY
Eosinophil #	0.1		0.0 - 0.5 10 ³ /uL	RY

Legend

LO=Low AL=Alarm Low EL=Elevated Low H=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : MOSHIER JR, DONALD
Register Number : 10924-052
Printed : 07/20/2004 @ 15:06

Location : MCK
Page : 1 of

H. BEAM, M.D.
R. C. WICK

000253

U. S. M. CENTER FOR FEDERAL PRI
LAW...TORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 10924-052
Name : MOSHIER JR, DONALD
Location : FCI MCKEAN (MCK)
Physician : BEAM, MD
Collection Date: 11/17/2003
Collection Time: 11:00
Tests : HBsAg; HBsAb; HBcAb; Anti-HAV-IgM
Ordered:

Age : 42
Sex : M
Accession Number: 9727
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
HBsAg	Negative		Negative	SY RY
HBsAb	Positive		Negative	SY RY
HBcAb	Positive		Negative	SY RY
Anti-HAV-IgM	Negative		Negative	JN RY
-- End of Laboratory Report --				

PROVIDED BY: HEALTH SVC.

01/18/04 2:17 PM

S. Czekai, MT
S. Czekai, Med Tech.

Name : MOSHIER JR, DONALD
Register#: 10924-052
Printed : 11/26/2003 @ 12:39

Doctor : BEAM, MD
Location: FCI MCKEAN (MCK)
.....
Sensitive L. O. U.

REVIEWED BY:

H. Beam
11/26/03

H. BEAM, MD
FCI MCKEAN

000254

Page: 1

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 10924-052
 Name : MOSHIER JR, DONALD
 Location : FCI MCKEAN (MCK)
 Physician : MISCELLANEOUS DOCTOR
 Collection Date: 04/16/2003
 Collection Time: 07:45
 Tests | HIV-Ab
 Ordered |

Age : 41
 Sex : M
 Accession Number: 1366
 "X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	Voluntary Testing			
HIV-Ab	Negative		NR	SY RY
DO NOT REMOVE REPORT FROM PATIENT CHART				
-- End of Laboratory Report --				

Voluntary

FEDERAL MEDICAL HEALTH SVC.

04/21/2003 AM 8:32

S. Czekai
 S. Czekai, Med Tech.

Name : MOSHIER JR, DONALD
 Register# : 10924-052
 Printed : 04/21/2003 @ 12:00

Doctor : MISCELLANEOUS DOCTOR
 Location: FCI MCKEAN (MCK)

 Sensitive L.O.U.

REVIEWED BY
10/29/03

H. BEAM, MD
 FCI MCKEAN

000255

U. S. MF 'CA' CENTER FOR FEDERAL PRIS EPS
 18 STORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 10924-052 Age : 42
 Name : MOSHIER JR, DONALD Sex : M
 Location : FCI MCKEAN (MCK) Accession Number: 3832
 Physician : MISCELLANEOUS DOCTOR *E. Cope, PAC* "X" if Complete : [X]
 Collection Date: 09/04/2003
 Collection Time: 08:50
 Tests : Anti-HCV; S:CO Ratio (HCV)
 Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
Anti-HCV	Positive			Negative SY CK
S: CO Ratio (HCV)	6.6			TX CK
	Samples with high s:co ratios (>3.8) usually (>95%) confirm positive, but <5 of every 100 might represent false positives. More specific testing may be indicated.			
	-- End of Laboratory Report --			

FCI MCKEAN HEALTH SVC.

03 SEP 16 AM 7:46

REVIEWED BY:

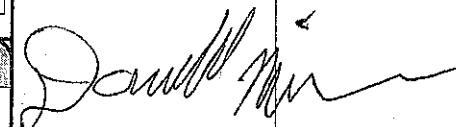
H. Beam
9/16/03

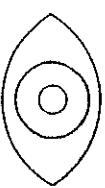
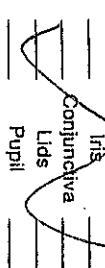
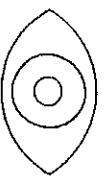
H. BEAM, MD
 FCI MCKEAN

S. Czekai, MT
 S. Czekai, Med Tech.

Name : MOSHIER JR, DONALD Doctor : MISCELLANEOUS DOCTOR
 Register #: 10924-052 Location: FCI MCKEAN (MCK)
 Printed : 09/16/2003 @ 06:32 Sensitive L. O. U.

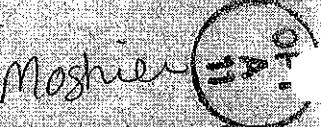
000256

 		BILL TO:	
		KAREN MASSER 501 E. 20TH ST. R.R. # 1 BOX 1006 LEWISBURG, PA. 17837	
PATIENT NAME 10924-052 11-4 144577		CUST. NUMBER P.O.: MASSER	INVOICE NUMBER 242840
Tray No. 5819	Date Processed 03/05/2006	04/19/2006	
R. EYE -0.25 -0.75 90 L. EYE -0.25 -0.75 90		Prism	Base Curve 6.00
R. EYE 1.50 28 81.0 L. EYE 1.50 28 81.0		R. EYE 6.00 L. EYE 6.00	N.P.D. 6.00
FRAME DATA		CHARGES	
Size 54.0 Depth 48.0 E.D. 59.0 D.B.L. 84.0 Model: 0320E/214/TMPL. Length: 94X24 83.84 SMOKE		DESCRIPTION RIGHT LENS LEFT LENS 83.84 SAFETY	
EDGED UNCUT <input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED			
LENS DATA		PRICE	
R: ST28 CR-39 SRC1 SOLA 76 L: ST28 CR-39 SRC1 SOLA 76			
FDA CODE SEC. 3, 84, 21 CFR		NOTE FOLLOWING EXCEPTIONS	
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.		(1) PLASTIC: Mir certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.	
COMMENTS: J-10293661 L1-4 T-9819		 	
		Sub Total Freight Total Due	
FROM: 144577 2090 POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.		SHIP TO: KAREN MASSER U.S.P. LEWISBURG HEALTH & RV RR 5 BOX 1006 LEWISBURG, PA. 17837	

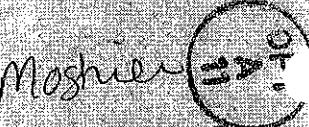
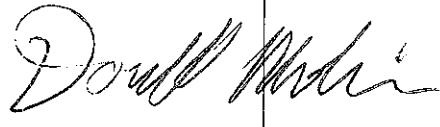
:mats:
ODNormal
Cornea
LidsNormal
ConjunctivaNormal
PupilNormal
PunctaNormal
Angle

S: Grade: 1-mild 2-moderate 3-dense 4-very dense

OS

 10924-052		BILL TO:																																												
		KAREN MASSER 803/804 USP LEWISBURG RR 5, PENN. 17837, BOX LEWISBURG PA, 17837																																												
PATIENT NAME		CUST. NUMBER	INVOICE NUMBER																																											
LI-17 144577		PO: MASSER	236627																																											
Tray No.	8900	Date Processed	01/13/2006																																											
<table border="1"> <tr> <td>R. EYE</td> <td>-0.25</td> <td>-0.75</td> <td>90</td> <td>5.00</td> </tr> <tr> <td>L. EYE</td> <td>-0.25</td> <td>-0.75</td> <td>90</td> <td>5.00</td> </tr> <tr> <td>R. EYE</td> <td>1.50</td> <td>28</td> <td>18.5</td> <td>R. EYE 64.0 61.0</td> </tr> <tr> <td>L. EYE</td> <td>1.50</td> <td>28</td> <td>18.5</td> <td>L. EYE P.D. 64.0 N.P.D. 61.0</td> </tr> </table>				R. EYE	-0.25	-0.75	90	5.00	L. EYE	-0.25	-0.75	90	5.00	R. EYE	1.50	28	18.5	R. EYE 64.0 61.0	L. EYE	1.50	28	18.5	L. EYE P.D. 64.0 N.P.D. 61.0																							
R. EYE	-0.25	-0.75	90	5.00																																										
L. EYE	-0.25	-0.75	90	5.00																																										
R. EYE	1.50	28	18.5	R. EYE 64.0 61.0																																										
L. EYE	1.50	28	18.5	L. EYE P.D. 64.0 N.P.D. 61.0																																										
<table border="1"> <tr> <td colspan="4">FRAME DATA</td> <td colspan="2">CHARGES</td> </tr> <tr> <td>Size</td> <td>Depth</td> <td>E.D.</td> <td>D.B.L.</td> <td>DESCRIPTION</td> <td>PRICE</td> </tr> <tr> <td>50.0</td> <td>43.0</td> <td>50.0</td> <td>20.0</td> <td>RIGHT LENS</td> <td>11.00</td> </tr> <tr> <td colspan="4">Model: 1000000012 IMP. Length 50X20</td> <td>LEFT LENS</td> <td>11.00</td> </tr> <tr> <td colspan="4">S1-84</td> <td>83-84</td> <td>12.00</td> </tr> <tr> <td colspan="4">SMOKE</td> <td>SAFETY</td> <td>1.00</td> </tr> </table>				FRAME DATA				CHARGES		Size	Depth	E.D.	D.B.L.	DESCRIPTION	PRICE	50.0	43.0	50.0	20.0	RIGHT LENS	11.00	Model: 1000000012 IMP. Length 50X20				LEFT LENS	11.00	S1-84				83-84	12.00	SMOKE				SAFETY	1.00							
FRAME DATA				CHARGES																																										
Size	Depth	E.D.	D.B.L.	DESCRIPTION	PRICE																																									
50.0	43.0	50.0	20.0	RIGHT LENS	11.00																																									
Model: 1000000012 IMP. Length 50X20				LEFT LENS	11.00																																									
S1-84				83-84	12.00																																									
SMOKE				SAFETY	1.00																																									
<table border="1"> <tr> <td colspan="2">EDGED UNCUT</td> <td colspan="4"> <input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/> </td> </tr> <tr> <td>Type</td> <td>LENS DATA</td> <td>Material</td> <td colspan="4"></td> </tr> <tr> <td>R: ST28 CR-39 SRC1</td> <td>SOLA 76</td> <td colspan="4"></td> <td></td> </tr> <tr> <td>L: ST28 CR-39 SRC1</td> <td>SOLA 76</td> <td colspan="4"></td> <td></td> </tr> <tr> <td colspan="2">FDA CODE SEC. 3, 84, 21 CFR</td> <td colspan="4">NOTE FOLLOWING EXCEPTIONS</td> <td></td> </tr> <tr> <td colspan="2">THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR. IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.</td> <td colspan="4"> (1) PLASTIC: Mfr. certifies lenses ground to specifications are Impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made Impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing. </td> <td></td> </tr> </table>				EDGED UNCUT		<input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>				Type	LENS DATA	Material					R: ST28 CR-39 SRC1	SOLA 76						L: ST28 CR-39 SRC1	SOLA 76						FDA CODE SEC. 3, 84, 21 CFR		NOTE FOLLOWING EXCEPTIONS					THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR. IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.		(1) PLASTIC: Mfr. certifies lenses ground to specifications are Impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made Impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.					<i>Douff Moshier</i>	
EDGED UNCUT		<input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>																																												
Type	LENS DATA	Material																																												
R: ST28 CR-39 SRC1	SOLA 76																																													
L: ST28 CR-39 SRC1	SOLA 76																																													
FDA CODE SEC. 3, 84, 21 CFR		NOTE FOLLOWING EXCEPTIONS																																												
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR. IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.		(1) PLASTIC: Mfr. certifies lenses ground to specifications are Impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made Impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.																																												
COMMENTS:				Sub Total		34.00																																								
J-10286239 LI-17 T-8900																																														
				Freight																																										
				Total Due		34.00																																								
FROM:		SHIP TO:																																												
144577 (662)		KAREN MASSER 803/804 USP LEWISBURG, HEALTH SRVC RR 5, PENN. 17837, BOX LEWISBURG, PA, 17837																																												
POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.																																														

000259

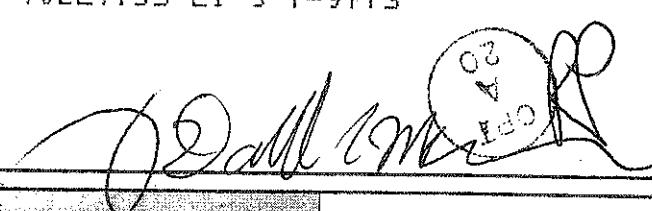
 10924-022		BILL TO: KAREN MASSER BOUVERIE USA LOCATIONS RR 5 PENN RD, BOX LEWISBURG PA, 17837					
		PATIENT NAME LI-17 144577		CUST. NUMBER PO: MASSER	INVOICE NUMBER 236627		
Tray No. 8900		Date Processed 01/13/2006	01/27/2006				
R. EYE -0.25 -0.75 90					6.00		
L. EYE -0.25 -0.75 90		Sphere	Cylinder	Axis	Prism	Base Curve	6.00
R. EYE 1.50 28 18.5					R. EYE 64.0	61.00	
L. EYE 1.50 28 18.5		Add	Width	Height	L. EYE P.D. 64.0	N.P.D. 61.0	
FRAME DATA						CHARGES	
Size 50.0		Depth 43.0	E.D. 50.0	D.B.L. 20.0	DESCRIPTION PRICE		
Model: 1000000012		EMPL. Length 83-84	50X20		RIGHT LENS	11.00	
		SMOKE		LEFT LENS	11.00		
EDGED UNCUT		LENS ONLY	ENCLOSED	TO COME	SAFETY	12.00	
						1.60	
Type		LENS DATA		Material			
R: ST28 CR-39 SRC1 SOLA 76							
L: ST28 CR-39 SRC1 SOLA 76							
FDA CODE SEC. 3, 84, 21 CFR			NOTE FOLLOWING EXCEPTIONS				
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.			(1) PLASTIC: Mfr. certifies lenses ground to specifications are impact resistant within FDA code. (2) CUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.				
COMMENTS: J-10286239 LI-17 T-8900			 				
			 Sub Total 34.00 Freight Total Due 34.00				

FROM: 10927

POSTMASTER
IF THIS PACKAGE IS
NOT DELIVERED IN
FIVE DAYS, PLEASE
RETURN TO SENDER.

SHIP TO:
KAREN MASSER
USP LEWISBURG, HEALTH SRVC
RR 5 BOX 1000
LEWISBURG, PA, 17837

000260

 <i>Moshie</i>		BILL TO:	
		DIA M CALDWELL FCI MCKEAN HEALTH SVC RT 59 BIG SHANTY ROAD LEWIS RUN PA 16738	
PATIENT NAME 10924-052 LI-3		CUST. NUMBER 110666	INVOICE NUMBER 194450
Tray No.	9113	Date Processed 06/23/2004	07/07/2004
R. EYE -0.50		-0.75	105
Sphere L. EYE -0.25		Cylinder -0.75	Axis 60
R. EYE		0.0	Prism
L. EYE		Width 0.0	Base Curve 6.00
R. EYE		0.0	R. EYE 67.0
L. EYE		Height 0.0	P.D. L. EYE 67.0
N.P.D.			
FRAME DATA		CHARGES	
Size 54.0	Depth 48.0	E.D. 59.0	DBL. 22.0
Model: 0320272297		MPL. LENS 83-84	54X22
EDGED UNCUT		DESCRIPTION	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		RIGHT LENS 11.00	
LENS ONLY		LEFT LENS 11.00	
ENCLOSED		83-84 12.00	
<input type="checkbox"/> TO COME		SAFETY .00	
<input type="checkbox"/> SUPPLIED			
Type		LENS DATA	
R: SV CR-39 SRC1 SOLA 72		Material	
L: SV CR-39 SRC1 SOLA 72			
FDA CODE SEC. 3, 84, 21 CFR		NOTE FOLLOWING EXCEPTIONS	
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PREScribed IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.		(1) PLASTIC: Mir. certifies lenses ground to specifications are impact resistant within FDA code (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.	
COMMENTS: J-10227755 LI-3 T-9113		Sub Total 34.00 Freight Total Due 34.00	
		SHIP TO: FCI MCKEAN HEALTH SVC RT 59 BIG SHANTY RD LEWIS RUN, PA, 16738	
POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER			

000262

513-110

NSN 7540-00-634-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
OPTOMETRIST	Dennis Olson, MD, CD	

REASON FOR REQUEST (Complaints and findings)

EYE EXAM : ^{1/16/06}

SUBJECTIVE:

Blur @ for last couple
of months
age 42

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
D. OLSON, M.D.		<input type="checkbox"/> BEDSIDE	<input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS
				<input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NOPATIENT EXAMINED YES NOVisual Acuity Distance OD 20/30 OS 20/30 TONOMETRY: OD
Near OD .37m OS .37m OS

External Normal 67

Internal

Refraction OD - .50 - .75 X 105 20/20
OS - .25 - .75 X 60 20/20 54 X 22 X 6

Diagnosis CMA

Analysis requires glasses for distance vision

Plan order glasses for distance vision

(Continue on reverse side)

SIGNATURE AND TITLE

Christina J. Horan

DATE

6/16/06

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
	FCI McKean	10924-65a	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

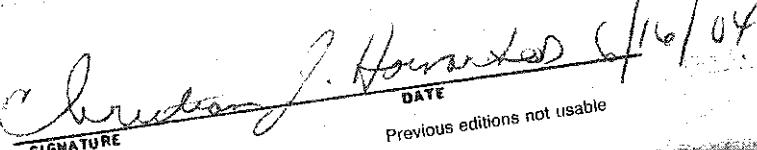
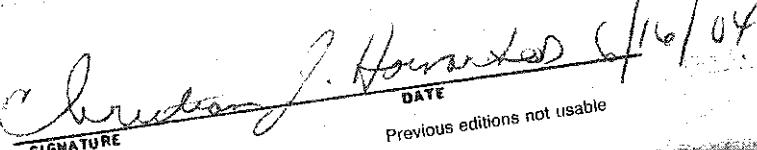
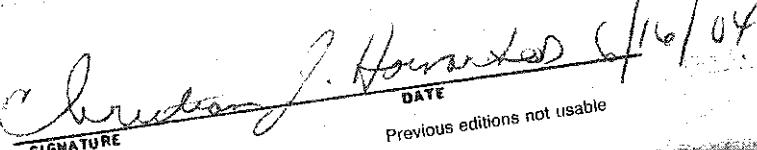
Dennis Olson, MD
Physician

Wosner, Donald

CONSULTATION SHEET
Medical RecordSTANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

000263

Eyeglass Prescription

Eyeglass Prescription				PRESCRIPTION NO.																																																																																																																																																										
TRAY NO.	ARRIVAL DATE																																																																																																																																																													
INSTITUTION:																																																																																																																																																														
CITY				ZIP																																																																																																																																																										
STATE																																																																																																																																																														
LENSES																																																																																																																																																														
EXTRA																																																																																																																																																														
FRAME OR MTG																																																																																																																																																														
MISC																																																																																																																																																														
<table border="1"> <tr> <td rowspan="2">DISTANCE</td> <td>R</td> <td>SPHERE</td> <td>CYLINDER</td> <td>AXIS</td> <td>PRISM</td> <td>DIRECTION</td> <td>IN DEC OUT</td> </tr> <tr> <td>L</td> <td>-1.50</td> <td>-0.75</td> <td>105</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">ADD</td> <td>R</td> <td></td> <td></td> <td>60</td> <td></td> <td></td> <td></td> </tr> <tr> <td>L</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SEG. STYLE</td> <td>R</td> <td>HEIGHT</td> <td>WIDTH</td> <td>INSET</td> <td>R</td> <td>R</td> <td>PUPILLARY WIDTH</td> </tr> <tr> <td>L</td> <td></td> <td></td> <td>L</td> <td>L</td> <td>L</td> <td>DIST. NEAR</td> </tr> <tr> <td colspan="6"> <table border="1"> <tr> <td>ORTH. F TILLER D</td> <td>EXECUTIVE TYPE</td> <td>KRYPTOK</td> <td>PANOPTIK</td> <td>CURVED TOP</td> <td>TRIFOCAL AND TYPE</td> <td>STRAIGHT TOP</td> <td>OTHER</td> </tr> <tr> <td>22</td> <td></td> <td></td> <td></td> <td>22-24</td> <td>22-25</td> <td>22</td> <td></td> </tr> <tr> <td colspan="6"></td> <td>25</td> <td>35</td> </tr> <tr> <td colspan="6"></td> <td>54</td> <td>22</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">TEMPLE LENGTH AND STYLE</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">6 1/4</td> </tr> </table> </td> <td>FRAME OR SHAPE</td> <td></td> <td>EYE SIZE</td> <td>BRIDGE SIZE</td> </tr> <tr> <td colspan="6"> <table border="1"> <tr> <td>29</td> <td>Front</td> <td>54</td> <td>22</td> </tr> </table> </td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6"> <table border="1"> <tr> <td colspan="2">SPECIAL INSTRUCTIONS</td> </tr> <tr> <td colspan="2">1 LENS ONLY</td> </tr> <tr> <td colspan="2">1 FRAMES ONLY</td> </tr> </table> </td> <td colspan="4"> Mail to: Federal Prison Industries Box 100 Butner, N.C. 27509 </td> </tr> <tr> <td colspan="6">  </td> <td colspan="4"> DATE 6/16/04 Previous editions not usable </td> </tr> <tr> <td colspan="6"> SIGNATURE Cherdon J. Howard USP LVN </td> <td colspan="4"> BP-357(80) MAY 1984 </td> </tr> </table>						DISTANCE	R	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN DEC OUT	L	-1.50	-0.75	105				ADD	R			60				L							SEG. STYLE	R	HEIGHT	WIDTH	INSET	R	R	PUPILLARY WIDTH	L			L	L	L	DIST. NEAR	<table border="1"> <tr> <td>ORTH. F TILLER D</td> <td>EXECUTIVE TYPE</td> <td>KRYPTOK</td> <td>PANOPTIK</td> <td>CURVED TOP</td> <td>TRIFOCAL AND TYPE</td> <td>STRAIGHT TOP</td> <td>OTHER</td> </tr> <tr> <td>22</td> <td></td> <td></td> <td></td> <td>22-24</td> <td>22-25</td> <td>22</td> <td></td> </tr> <tr> <td colspan="6"></td> <td>25</td> <td>35</td> </tr> <tr> <td colspan="6"></td> <td>54</td> <td>22</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">TEMPLE LENGTH AND STYLE</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">6 1/4</td> </tr> </table>						ORTH. F TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	STRAIGHT TOP	OTHER	22				22-24	22-25	22								25	35							54	22							TEMPLE LENGTH AND STYLE								6 1/4		FRAME OR SHAPE		EYE SIZE	BRIDGE SIZE	<table border="1"> <tr> <td>29</td> <td>Front</td> <td>54</td> <td>22</td> </tr> </table>						29	Front	54	22					<table border="1"> <tr> <td colspan="2">SPECIAL INSTRUCTIONS</td> </tr> <tr> <td colspan="2">1 LENS ONLY</td> </tr> <tr> <td colspan="2">1 FRAMES ONLY</td> </tr> </table>						SPECIAL INSTRUCTIONS		1 LENS ONLY		1 FRAMES ONLY		Mail to: Federal Prison Industries Box 100 Butner, N.C. 27509										DATE 6/16/04 Previous editions not usable				SIGNATURE Cherdon J. Howard USP LVN						BP-357(80) MAY 1984			
DISTANCE	R	SPHERE	CYLINDER	AXIS	PRISM		DIRECTION	IN DEC OUT																																																																																																																																																						
	L	-1.50	-0.75	105																																																																																																																																																										
ADD	R			60																																																																																																																																																										
	L																																																																																																																																																													
SEG. STYLE	R	HEIGHT	WIDTH	INSET	R	R	PUPILLARY WIDTH																																																																																																																																																							
	L			L	L	L	DIST. NEAR																																																																																																																																																							
<table border="1"> <tr> <td>ORTH. F TILLER D</td> <td>EXECUTIVE TYPE</td> <td>KRYPTOK</td> <td>PANOPTIK</td> <td>CURVED TOP</td> <td>TRIFOCAL AND TYPE</td> <td>STRAIGHT TOP</td> <td>OTHER</td> </tr> <tr> <td>22</td> <td></td> <td></td> <td></td> <td>22-24</td> <td>22-25</td> <td>22</td> <td></td> </tr> <tr> <td colspan="6"></td> <td>25</td> <td>35</td> </tr> <tr> <td colspan="6"></td> <td>54</td> <td>22</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">TEMPLE LENGTH AND STYLE</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">6 1/4</td> </tr> </table>						ORTH. F TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	STRAIGHT TOP	OTHER	22				22-24	22-25	22								25	35							54	22							TEMPLE LENGTH AND STYLE								6 1/4		FRAME OR SHAPE		EYE SIZE	BRIDGE SIZE																																																																																																					
ORTH. F TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	STRAIGHT TOP	OTHER																																																																																																																																																							
22				22-24	22-25	22																																																																																																																																																								
						25	35																																																																																																																																																							
						54	22																																																																																																																																																							
						TEMPLE LENGTH AND STYLE																																																																																																																																																								
						6 1/4																																																																																																																																																								
<table border="1"> <tr> <td>29</td> <td>Front</td> <td>54</td> <td>22</td> </tr> </table>						29	Front	54	22																																																																																																																																																					
29	Front	54	22																																																																																																																																																											
<table border="1"> <tr> <td colspan="2">SPECIAL INSTRUCTIONS</td> </tr> <tr> <td colspan="2">1 LENS ONLY</td> </tr> <tr> <td colspan="2">1 FRAMES ONLY</td> </tr> </table>						SPECIAL INSTRUCTIONS		1 LENS ONLY		1 FRAMES ONLY		Mail to: Federal Prison Industries Box 100 Butner, N.C. 27509																																																																																																																																																		
SPECIAL INSTRUCTIONS																																																																																																																																																														
1 LENS ONLY																																																																																																																																																														
1 FRAMES ONLY																																																																																																																																																														
						DATE 6/16/04 Previous editions not usable																																																																																																																																																								
SIGNATURE Cherdon J. Howard USP LVN						BP-357(80) MAY 1984																																																																																																																																																								

Mail to:
Federal Prison Industries
Box 100
Butner, N.C. 27509

BP-357(60)
MAY 1984

DATE
Previous editions not usable

SIGNATURE
USP LVN

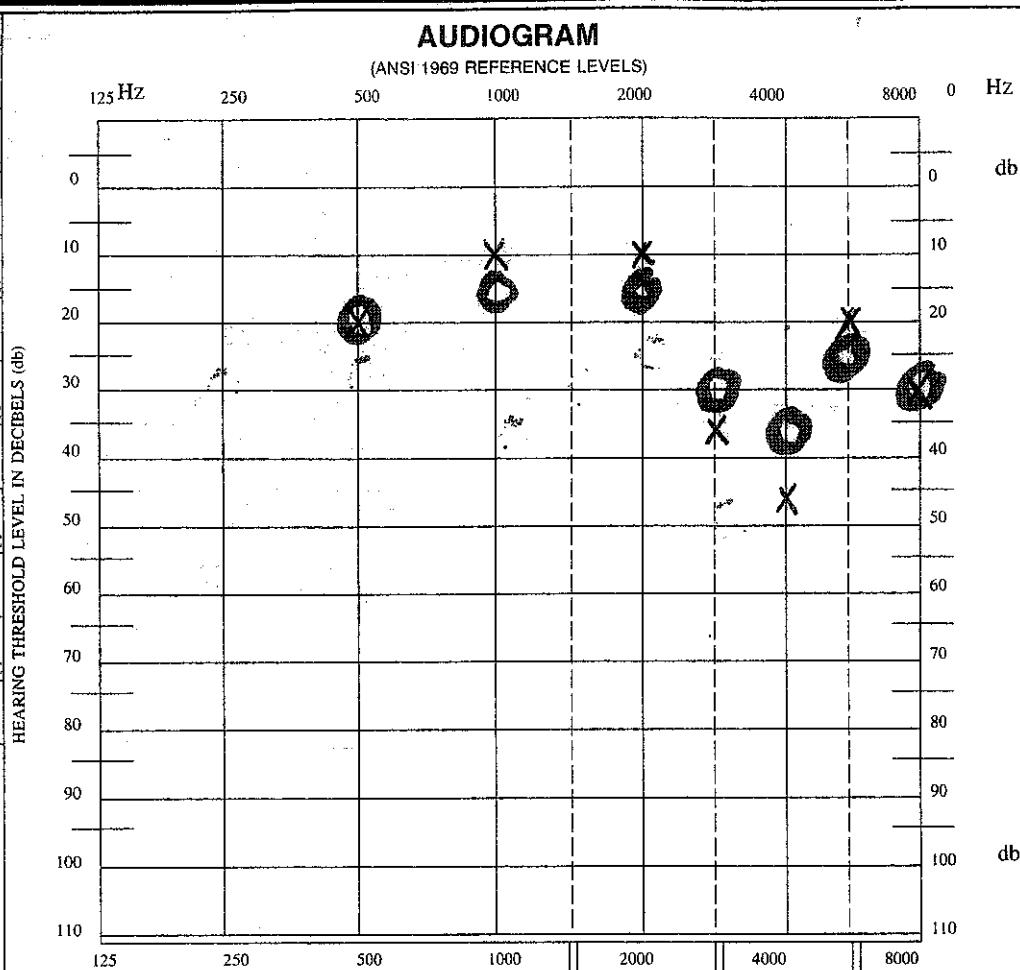
000264

U.S. DEPARTMENT OF JUSTICE

AUDIOMETRIC EXAMINATION

Federal Bureau of Prisons

CODE	
AIR UNMASKED	
RIGHT	○ — ○ RED
LEFT X — X BLUE	
AIR MASKED	
RIGHT	△ — △ RED
LEFT	□ — □ BLUE
BONE UNMASKED	
RIGHT	< — — < RED
LEFT	> — — > BLUE
BONE MASKED	
RIGHT	◀ — — ▶ RED
LEFT	▷ — — ▷ BLUE
THRESHOLD OF DISCOMFORT	
RIGHT	U — U RED
LEFT	U — U BLUE
NO RESPONSE	
OTHER (Specify)	



**MASKING LEVEL
IN OPPOSITE EAR**

FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB 15 14 10 8.5 10 8.5 6 9.5 11.5

EXAMINERS INITIALS	SPEECH AUDIOMETRY											
	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES		
	1	2	3	4		1	2	3	4	EAR	TWO FREQ.	THREE FREQ.
RIGHT EAR					RIGHT EAR					RIGHT		
LEFT EAR					LEFT EAR					LEFT		
MASKING LEVEL												

REMARKS

Dr. D. Massa, MD
FDC Philadelphia

BASELINE - UNICOR

WORK DETAIL	AUDIOMETER USED	EXAMINER
WEID-2	MAICO	Bret Brosious, RT (R)
NAME	REG. NUMBER	AGE
MOSHIER DONALD	109241-062	18 Aug 1961
		INSTITUTION
		USP Lewisburg
		Health Services Unit
		Lewisburg, PA 17837
		DATE
		13 Jul 2005

000265

** LIMITED OFFICIAL USE **

SUICIDE RISK ASSESSMENT

Date: February 21, 2005
Inmate: MOSHIER, DONALD
Reg. No: 10924-052

Unit: A

Author: KENT CANNON, PSY.D.
Title: DAP COORDINATOR
Institution : FCI MCKEAN

Housing: ADM. DETENTION

Type of Attempt: NO ATTEMPT

Lethality Assessment: N/A

Overall Suicide Risk Level .. : Precise prediction of suicidal behavior is difficult and should be modified over time as circumstances change. Based on the findings noted below, the current overall risk of suicide is judged to be LOW.

Action: A formal suicide watch is not warranted at this time

COMMENTS:

Section I: PERSON MAKING REFERRAL: Activities Lt. Garcia

Section II: REASON FOR REFERRAL: This inmate reportedly told Lt. Garcia, "If I don't see Dr. Rhinehart and the Warden after lunch then I will hang myself, because me being here is bullshit."

Section III: RISK FACTORS:

1. SOCIAL RELATIONAL:

N A. Significant Other(s) Status: His father is reportedly dieing of cancer, and he wants to phone him so his father won't needlessly drive here in bad weather. He said he looks forward to being reunited with his parents and his sons when he is released from prison.

P B. Imminent loss (see above). He said he fears not being able to talk to his father after his father dies from cancer.

N/S C. Status Issues: Significant alteration of circumstances: This inmate said he has no difficulty in this area.

2. SITUATIONAL:

P A. Criminal Justice Issues: This SHU inmate said he wants access to his property because he has only four days to ask for an extension on his legal appeal, before the time deadline elapses.

P B. Institutional Issues: This inmate is in the SHU for an

investigation for "encouraging a group demonstration." He said he never did this. He said staff "set me up for this," so he said he wants the Warden to transfer him to another facility. He said he is not having any problems with

o

000267

** LIMITED OFFICIAL USE **

Suicide Risk Assessment
MOSHIER, DONALD
10924-052

Page 2

other inmates, aside from the fact that he said another inmate planted a shank in his cell awhile back.

N/S C. Safety Issues: This inmate does not view his prison environment as dangerous. He said he has nothing to fear here, and he said he will be able to cope well here - if he gets his property so he can make his legal appeal, and if he can phone his father to see how he is doing.

3. MEDICAL:

P A. Distressing Illness: Significant medical concern - chronic back problems and hepatitis C.

N/S B. Pain (Physical): Chronic back pain, and a skin rash covering much of his body. Low intensity and duration. "I can tolerate all of this, if I can just get my property to make my legal appeal, and phone my father."

N/S C. Chemical Abuse/Use: This inmate said this is not a problem for him; however, he was once given a diagnosis of Polysubstance Dependence on 4/14/03.

4. PSYCHIATRIC:

N/S A. Treatment History: Only short-term substance abuse counseling.

N/S B. Current Status: Axis II: Antisocial Personality Disorder.

5. PSYCHOLOGICAL:

N/S A. General Mental Health Status: "No, I am not having any suicidal thoughts or feelings. I also am not feeling depressed. I am just pissed-off that they won't give me my property and let me phone my father." This inmate did not appear to be depressed; instead, he appeared angry and manipulative. "The only reason why I told the Lt. that I was going to hang myself is because that is the only way an inmate can get any help around here (the SHU). No, I have not had a single suicidal thought, and I don't have a plan to take my life. I just want to phone my dad and get my property. I think staff are screwing with me, that's why they won't help me."

N/S B. Hopelessness-Helplessness: This inmate stated a strong desire to be reunited with his family when he is released from prison. He said he looks forward to being with his sons and his parents. We discussed ways he can better handle his stress. "I guess your right Dr. I was only looking at the negative, and I was not also thinking about being with my family. I don't want to mess-up and have to wait longer to see my family." This inmate clearly stated many things that he is hopeful for in his future, and many ways in which he does not feel helpless in his personal environment.

N/S C. Depression: This inmate clearly and strongly affirmed that he was NOT feeling depressed, and he did not appear to be feeling depressed. He did not manifest any vegetative symptoms.

000268

N/S D. Pain (Emotional): This inmate said that although he is feeling angry at staff for not giving him his property, for not letting him have access to the phones in SHU when he wants, and for placing him in SHU pending

** LIMITED OFFICIAL USE **

Suicide Risk Assessment
MOSHIER, DONALD
10924-052

Page 3

an investigation for "encouraging a group demonstration," he confidentially stated that he can cope with this and his other life and emotional stressors.

N/S E. Negative Cognitions (Emphasizing Self Concept): Although I assessed for this area, this inmate did not verbalize the presence of anything in this area. Instead, he appears to have a positive self-esteem, and was able to articulate positive alternatives. He only appeared to lie to staff in an effort to manipulate staff.

N/S F. Coping Resources: This inmate was easily able to articulate cogent reasons for living. He did not claim a history of serious deficits in coping, or evidence major deficits in basic living skills. He did not manifest constriction (e.g., an inability to see alternatives to present difficulties and distressing personal problem); etc.

6. HISTORICAL:

N/S A. Self-Destructive: This inmate denied past suicide attempt/gestures.

P B. Impulsivity: This inmate appears to have a history of impulsive and manipulative acting out, as is evidenced by his history of self-destructive substance abuse, history of violence, and history of illegal behavior.

N/S C. Personal Awareness Issues: This inmate said that none of his significant others have a history of suicide. He does not have any personal contact with suicidal individuals. He denied the presence of other unusual factors such as fascination with suicide through reading, religious suicide cult ideology; etc.

7. BEHAVIORAL:

N/S A. Self-Destructive: This inmate said he does not have a history of self-inflicted injury or suicide attempt.

N/S B. Withdrawal: This inmate does not appear to be isolating, or reducing his interaction with others including inmates, staff, or family; instead, he complains of not being able to phone his family, and his desire to win his appeal so he can be with his sons sooner. He said he is eating his meals.

N/S C. Changes: This inmate complained that he is not being given more frequent access to the inmate showers while he is being housed in the SHU. He also complained that he is not being given "Irish Spring" soap, because it is "easier on his skin," because of his skin condition. He also complained of having to sleep on the floor in his SHU cell because there are so many inmates in his SHU cell, because he finds it uncomfortable, and it is harder for him to get a good night's sleep, like he wants.

000270

N/S D. Related Actions: There was no evidence to suggest that this inmate was engaged in hoarding medications, stealing medications, buying drugs, collecting materials such as making a rope, writing a suicide letter

000271

** LIMITED OFFICIAL USE **

Suicide Risk Assessment
MOSHIER, DONALD
10924-052

Page 4

with death references, making final arrangement, or putting his affairs "in order," etc.

8. MOTIVATIONAL:

N/S A. Intentionality: It was determined that this inmate did not have a desire to die, escape, effect change, or solve a problem through death. Instead, he clearly stated that he wanted to live, and was looking forward to being with his family. He clearly stated that the ONLY reason he lied, and told the Lt. that he was suicidal, was because he felt that this was the only way he could get his property and a phone call, and get a chance to tell the Warden that he wanted to be moved to another facility.

N/S B. Plan: This inmate clearly stated that he did not have a plan, or tools with which to take his life.

N/S C. Goals: This inmate did not see death as an escape, nor was he imagining scenes of life after death in peaceful setting. This inmate demonstrated a willingness to work with this clinician, and we established a therapeutic alliance. He said if he had any other problems, he would ask to speak with a psychologist, instead of trying to manipulate staff. He convincingly contracted to seek help in the unexpected event that he had a crisis. "I know Dr. Rhinehart will come and help me if I need him to."

1. The "Prison Suicide Risk Assessment Checklist" was developed by the psychology services staff at the Federal Transfer Center, Oklahoma City, Oklahoma in 1997; David F. Wedeking, Ph.D., Theresa L. Johnson, Ph.D., David K. Carlson, Psy.D., Richard R. Ray, M.S., and Katie N. Levins, M.A.

2. P stands for "Potential Problem Area Identified"; and N/S stands for Nothing Significant Noted."

SECTION IV CONCLUSIONS AND RECOMMENDATIONS: It was therefore determined that this inmate is not at imminent risk for suicidal behavior. Instead, his verbalization that he might hang himself was determined to represent an effort on his part to manipulate staff. This inmate was encouraged not to manipulate staff like this in the future. He said he would not do this again. Staff are encouraged to closely monitor this inmate, and should they have any concerns about how he is doing, to immediately refer him to the Psych. Dept.

cc: A-Unit Manager, T.M. Murphy
Capt.
HSA
A/W Grimm
Warden
Dr. Rhinehart

000272

BRADFORD REGIONAL MEDICAL CENTER

5 Interstate Parkway
 Bradford, Pennsylvania 16701

DEPARTMENT OF PATHOLOGY

SURGICAL PATHOLOGY REPORT

Moshier, Donald
 M 43 DOB 8/18/61
 MR# 226525

Dr. Horsley/Beam
 4447798 FC: 11
 ROOM: OP

DATE OF OPERATION: 08-24-04 PATHOLOGY NUMBER: S04-3048
 Received in Pathology: 08-24-04

PRE-OP DX: Elevated LFTS

PROCEDURE: CT Guided Needle Biopsy

CLINICAL INFORMATION:

SPECIMEN/LOCATION: CT Guided Needle Biopsy of Liver

GROSS DESCRIPTION: The specimen received in formalin consists of four tan-brown, linear soft tissue fragments, varying from 0.7 to 1 cm in length and 0.1 cm in diameter. The entire specimen is submitted.

MICROSTUDY DIAGNOSIS:

CT Guided Needle Biopsy of Liver:

Cirrhosis of liver, micro-nodular pattern, active. See comment.

COMMENT: Focally hepatocytes show mild to moderate micro and macrovesicular fatty degeneration with focal ballooned hepatocytes, focal areas of piecemeal necrosis. Special stains, trichrome, show increased fibrous tissue. Special stains for Iron do not show increased stainable Iron. The possible etiology includes among others the following: alcoholic cirrhosis, viral hepatitis with cirrhosis. Findings should be clinically correlated.

DATE OF REPORT: 08-26-04

Syed Ally
 Syed Ally, MD

REVIEWED BY
W. Bell Jr.
 9/17/04

H. BEAN, MD
 ECN McKean

000273

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER,DONALD	Medical Record #: M000226525	Acct #: V04546554
DOB: 08/18/1961	Age: 43	Sex: M
Admitting MD: Graham, Nathaniel MD	Room/Bed: 446A-1	Location: 4EAST
Admit Date: 04/18/05	Discharge Date: 04/27/05 / 1347	

DISCHARGE SUMMARY

DISCHARGE DIAGNOSIS: Severe acute cholecystitis with signs of gangrene at the gallbladder clinically.

PROCEDURE: Open cholecystectomy.

HISTORY: See HP.

HOSPITAL COURSE: The patient was brought to the hospital and given intravenous fluids and antibiotics in an attempt to cool down his cholecystitis. This was unsuccessful, and he required emergent operation. Because of the amount of guarding and expected amount of inflammation, it was planned as an open procedure which was carried out without complications. He recovered very well, particularly considering his comorbidities including hepatitis C with cirrhosis. He improved gradually. JP drain was left in for 5 days. Kept on Zosyn as an antibiotic. He is now eating regular food. The incision is healing well. He has been having some diarrhea in the last 24 to 48 hours. It appears to be related to his antibiotics. We will get a stool titer for C. difficile. Started him on acidophilus, and I have discussed with Dr. _____ at FCI McKean. He has now been in the hospital for 8 postop days and is ready to be discharged, and he will be followed by the physicians at FCI McKean.

PROGNOSIS: Good in the short term for his cholecystitis. Guarded for his hepatitis.

Job#: 4560034 / 891280

Signed By: _____

Graham, Nathaniel MD

GRAHNA/PRECYSE
DDT: 04/27/05 0911
TDT: 04/27/05 2159
Report Number: 0427-0062
cc:
FCI MCKEAN
Graham, Nathaniel MD

Reviewed by D. Olson, MD
Date: 5/2/05

000274



Patient Discharge Instructions

Date 4/27/05

Address:


 V04546554 M 08/18/61 43
 MOSHIER, DONALD
 Graham, Nathaniel MD
 M000226525 4EAST 446A-1

Diet low fatActivity No heavy lifting

Medication Sheet Given

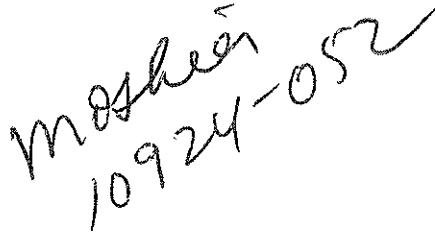
Medications: Acidoph. 11.5 one tablet w/ mealsResume prior medications

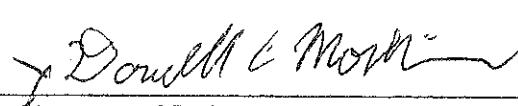
Special Instructions

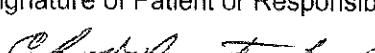
Patient Education Materials distributed and explained:

Pneumococcal / Influenza Vaccine	Ordered <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manufacturer _____
Lot _____	
Follow Up: Please see your physician	Please make an appointment

The above instructions were explained to me. I have received medication sheets and prescriptions, if applicable. I have received a copy of the discharge instructions sheet and have no further questions.


 Moshier
 10/24/05


 Donald C. Moshier
 Signature of Patient or Responsible Other


 Charles Rutherford
 Signature of Discharging Nurse

000275



469

White - Patient

Yellow - Medical Records

Pink - Physician



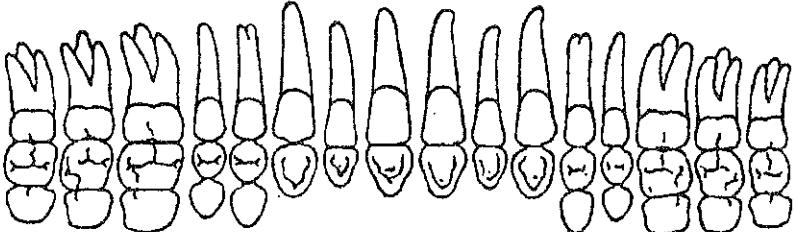
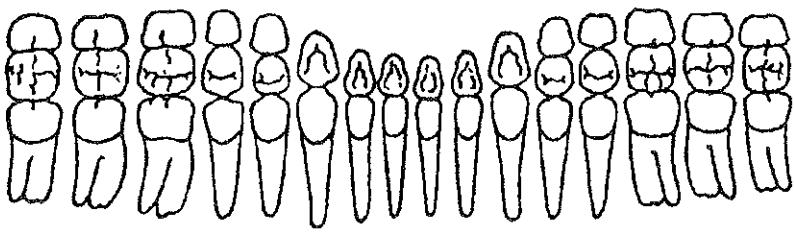
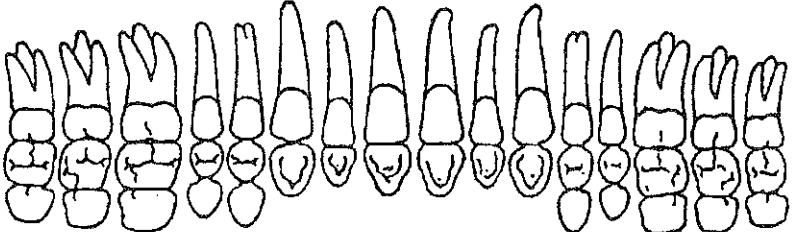
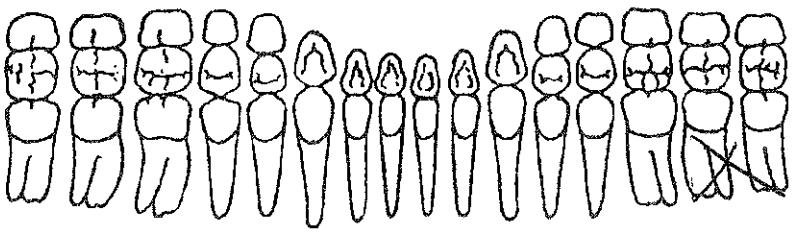
H. BEAM, MD

6000-469 9/03

BP-618.060 CLINICAL DENTAL RECORDS CDFRM
MAR 02

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: <input type="checkbox"/> Screening <input type="checkbox"/> Comprehensive <input type="checkbox"/> Periodic	Occlusion
	Oral Hygiene Good Fair Poor
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	CPITN 
	Head & Neck/Soft tissue
Additional Findings D: _____ M: _____ F: _____	
Examiner Signature	Date
Treatment Completed	
	Recommended Treatment Plan
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	<input type="checkbox"/> Radiographs <input type="checkbox"/> Dental Prophylaxis <input type="checkbox"/> Oral Hygiene Instruction <input type="checkbox"/> Periodontal Evaluation O I II III <input type="checkbox"/> Oral Surgical Procedures <input type="checkbox"/> Endodontic <input type="checkbox"/> Restorative <input type="checkbox"/> Prosthodontic Evaluation
	

Patient Name Number Sex: M F Age:

Moshier JR, Donald
10924 052

Dentist Signature

Date

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
1-13-06 1210	18	<p>PT seen today w/o benefit of medical record.</p> <p>S: Constant TA, LLQ, x 2 mos</p> <p>D: no swelling in LLQ. #18 peri +. PAXR #18 - read.</p> <p>A: Acute PA abscess? Irred.</p> <p>Pulpalgia #18. MTR</p> <p>P: Informed consent signed.</p> <p>Mand Block 1.8cc 0.5%</p> <p>Macaime 1:200,000 epi.</p> <p>1.8cc 2% Lido 1:100,000 epi.</p> <p>Ext #18. Hemostasis. Pat 6.</p> <p>OTC analgesic for pain.</p> <p><u>AS</u></p>

000278

BP-A787.060

MAY 03

DENTAL/MEDICAL HEALTH HISTORY

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Language template provided in Spanish _____, or _____

1. Are you currently taking any medication? If so, what? <u>NADROXYL, Pantacide, Doseordil</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? <u>Rice OM</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been under the care of a physician during the past two years? If so, what? _____	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been hospitalized in the past two years? If so, what? _____	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have or have you ever had a heart murmur or been treated for a heart condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you ever been treated for a tumor, growth, or cancer? <u>Not yet</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Have you ever had excessive or prolonged bleeding as result of a medical condition or medication (ex. Hemophilia or blood thinners)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a latex allergy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9. Do you currently use tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. WOMEN ONLY: Are you pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check any of the following that you have had:

- Congenital heart defects
- Heart attack or heart problems
- Stroke
- Rheumatic fever
- Mitral Valve Prolapse
- Anemia (blood problems)
- Thyroid problems
- Chronic bronchitis
- STD (syphilis, gonorrhea, herpes)
- Angio edema

- Arthritis
- Artificial heart valve
- Hepatitis (A B C)
- Any type of transplant
- Steroid treatment
- Sickle Cell Anemia
- Angina
- High blood pressure
- Heart pacemaker
- Glucose - 6 - phosphate dehydrogenase deficiency

- Epilepsy or seizures
- Diabetes
- AIDS or HIV Infection
- Emphysema
- Tuberculosis (TB)
- Psychiatric treatment
- Artificial joint
- Radiation therapy
- Asthma

Do you have any disease, condition, or problem not listed? _____

Check any of the following that you have had or applies to you:

- Sensitive teeth
- Bleeding gums
- Food impaction
- Pain around ear
- Tooth ache
- Wear partial dentures
- unusual sounds while eating
- Snoring
- Blisters on lips or mouth
- Clenching or grinding
- Tooth ache
- Swelling or lumps in mouth/throat

- Burning tongue
- Bad breath
- Decayed teeth
- Loose teeth
- Wear dentures

Printed Name: <u>Donald L. Mastlick Jr</u>	Signature: <u>Donald L. Mastlick Jr</u>
Reg. No.: <u>10924-952</u>	Institution: <u>FSP</u>
Date: <u>1/13/96</u>	Updated: _____

(This form may be replicated via WP)

BP-A805.060
SEP 03

INFORMED CONSENT FOR ORAL AND MAXILLOFACIAL SURGERY

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONSExplained in: (check one) English Spanish Other _____ (specific language)Alternative to surgery: *y*

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

1. Pain
2. Dry socket (alveolitis)
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications.
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or restorations
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures
11. Temporomandibular joint disorder

I have had the opportunity to discuss and to ask question about my surgery with Dr. Ippolito

I consent to the surgery as described.

The above information has been explained to me in a language I can understand.

Signature of Patient Donald MoshierDate: 1/13/06Time: 12:20Doctor's printed name Ippolito DDSDoctor's Signature [Signature]

Witness (not required)

Inmate Name Donald Moshier JRRegister No.: 19924 052Institution: USP LEWISBURGHEALTH SERVICES UNITLEWISBURG, PA 17837

(This form may be replicated via WP)

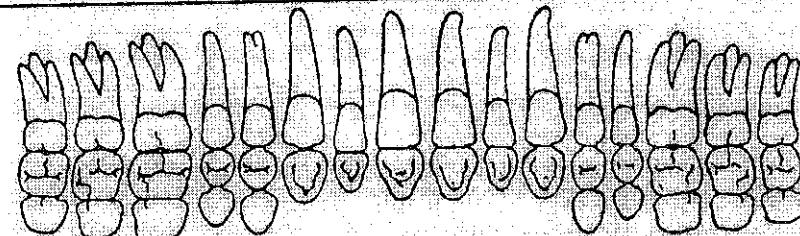
000280

BP-618.060 CLINICAL DENTAL RECORDS CDfrm

MAR 02

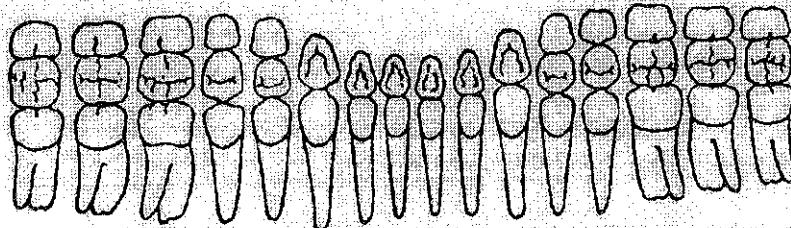
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

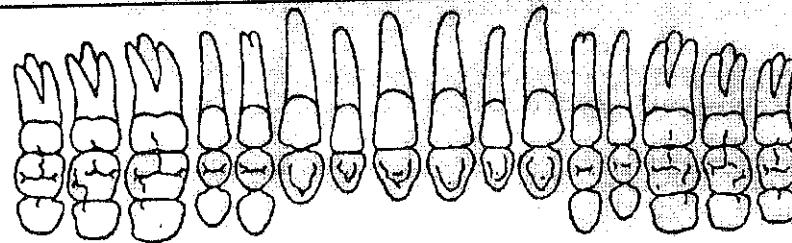
Examination: Screening Comprehensive Periodic

RIGHT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

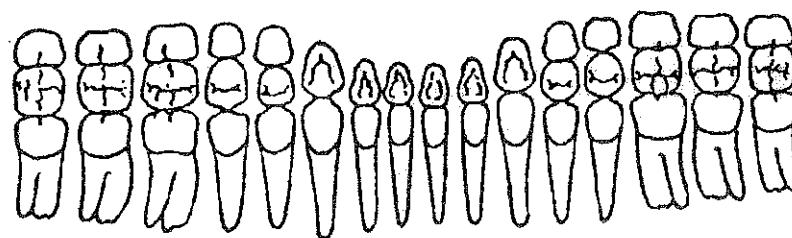


Treatment Completed



RIGHT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



Patient Name Number Sex: M F Age:

Mashier Donald
10924 052

LEWISBURG
HEALTH SERVICES UNIT
LEWISBURG, PA 17837

Occlusion

Oral Hygiene

Good

Fair

Poor

CPITN

Head & Neck/Soft tissue

Additional Findings

D: _____

M: _____

F: _____

Examiner Signature

Date

Recommended Treatment Plan

 Radiographs Dental Prophylaxis Oral Hygiene Instruction Periodontal Evaluation O I II III Oral Surgical Procedures Endodontic Restorative Prosthodontic Evaluation

Dentist Signature

Date

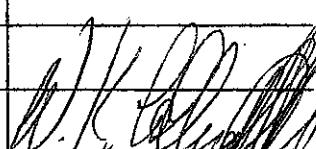
000281

Federal Bureau of Prisons Clinical Dental Records

000282

HRSA-237 (4/95)
(REVERSE)

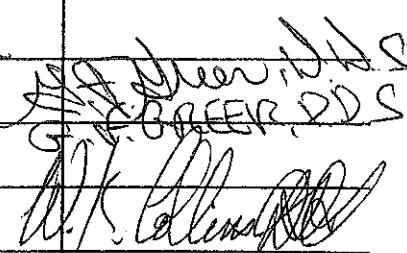
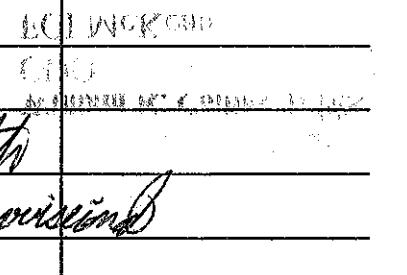
DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
01/25/05 1315 hrs	<p>P: - Lidocaine 2% w/ 1:100,000 epi.</p> <p>x 2 1/2 carps</p> <ul style="list-style-type: none"> - Old restoration & slight caries removed - Dycal, 3M bonding agent, Etac conditioner & acid etch - TPH Resin Restoration material - Occlusal adjustment and finish of restoration. 	 William K. Collins, D.D.S. CDO FCI McKean

MOSHIER, DONALD

FCI McKean

000283

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS		SIGNATURE
11-2-04 0830	<p>Soft: R/V fit for restoration Med Hist Prod. NKDA.</p> <p>R: Lidocaine 1:100,000 2% epineph OTC. anal & composite varnish #2</p>		 W. K. Collins, DDS CDO FCI McKean
1-25-05 1315 hrs.	<p>J: "My filling in the back keeps getting food under it and it rubs." P.P. points to #32; PT #: 3/10</p> <p>O: Med Hist Prod: GFRD, NKDA #32, small part of lingual tooth structure missing under previous restoration</p> <p>(-Percussion, -Palpation -Mobility)</p> <p>PAX: small radioluency between restoration and tooth structure</p> <p>A: #32, fractured tooth structure</p> <p>P: Assessment explained to patient</p>		 W. K. Collins, DDS CDO FCI McKean

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

10024-051

WARD NO.

Kean

FCI McKean

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

EF

000284

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS		SIGNATURE
6/21/04 0922 hrs	<p>O: Med Rx Rev'd: NKA ^{rx for WRC} rx for WRC 06/21/04</p> <p>#17, PA: suspicious area at end of roots</p> <p>A: #17, Chronic caries, possible initial stages of an abscess.</p> <p>P: Advised patient of assessment & patient understands. Patient to watch call outs for next appointment: #17 (restorative).</p>		
6/28/04 0800 hrs.	<p>pt-care pt SOA: Med Hist Rev'd NKA ECI McKean</p> <p>P: occ anal #17 S Copolit varnish Pt. to watch call outs for next apt. compx exam.</p>	<p>*William K. Collins, D.D.S. CDO ECI McKean</p> <p>W.K. Collins, D.D.S. CDO ECI McKean</p>	

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

(Continued On Reverse Side)

REGISTER NO.

WARD NO.

TS IDENTIFICATION (For typed or written entries, give: Name - last, first, middle) IC
Moshier, Donald

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

FCI McKean

000285

EF

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
7-14-04 1130 hrs.	SOAP: Pt. was unable to keep ^{11:30} appt due to no movement on the compound.	H. S. Deardorff, D.S. G. F. GREER, D.D.S.
7-14-04 1330 hrs.	SOAP: Recast Med. Hst. Rd. N.K.D.A. P: T. I. I. 100,000 mg. pi xi occ. anal. replaced in #11. Next replacement resto & cerv. rest.	J. D. Murch, D.D.S. G. F. GREER, D.D.S.
7-26-04 1355 hrs.	SOAP: Pt. came P.T. Med. Hst. Rd. N.K.D.A. P: PAX #32. Dentist. appears to be a resin that was placed 3 yrs ago. Resto in good cond & does not need replaced Cand. P.T. understands Pt to P.T. C for rest in #2	H. S. Deardorff, D.S. G. F. GREER, D.D.S.

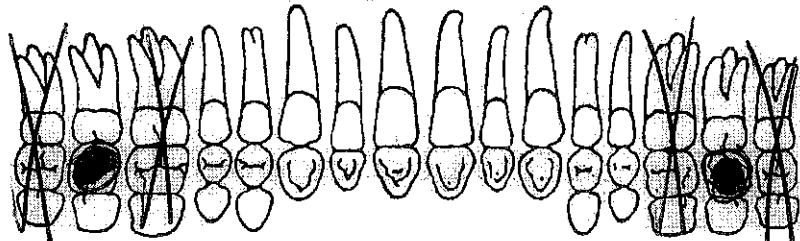
BP-S618.060 CLINICAL DENTAL RECORD CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE

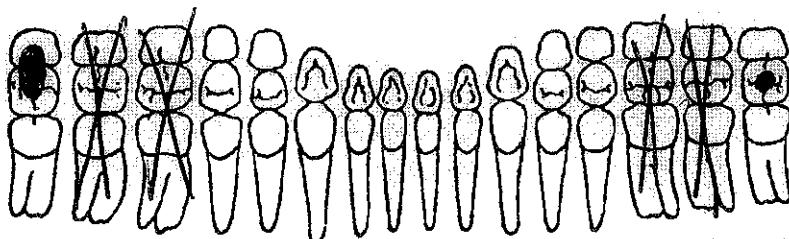
FEDERAL BUREAU OF PRISONS

FCI McKEAN

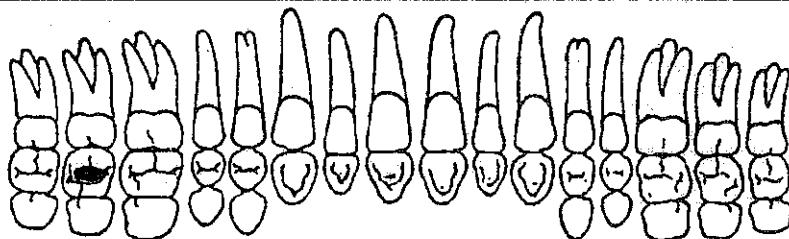
CDO

Examination: Screening Comprehensive Periodic

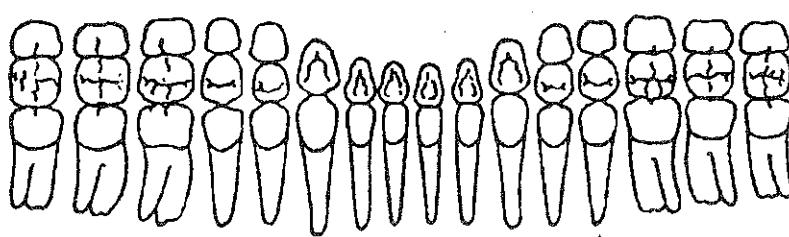
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LEFT



Treatment Completed



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LEFT



Patient Name: Moshier, Donald Number: 10904-052 Sex: M Age: 8-18 (6)
40

FCI McKean

W.K. COLLINS, DDS
CDO
FCI McKean

Occlusion

CLASS I

Oral Hygiene

Good

Fair

Poor

CPITN

3

-

3

-

Head & Neck/Soft Tissue

WNL
10-20-02
WNL
10-20-02
DD2

Additional Findings

Crossbite - Anterior

D: 2

M: 8

F: 1

Recommended Treatment Plan

 Radiographs Dental Prophylaxis Oral Hygiene Instruction Periodontal Evaluation 0 I II III Oral Surgical Procedures Endodontic Restorative Prosthodontic Evaluation

Dentist Signature

W.K. COLLINS DDS

Date

10/10/02

W.G. STRIBA, DDS
000287
William K. Collins DDS

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
6/10/03 1300		A+O exam, Health History reviewed. Sick call and call out procedures explained - J. H. H. DDS W. STEPHAN William K. Collins
6/20/03 1345 hrs		S: Patient related Acting I-5A Montgomery that he had eaten big lunch and fell down on a piece of glass that cut his gum and which he then swallowed. O: Patient D was instructed to wait and be seen as soon as possible by the DA and secondly by this practitioner. Patient was then called but was not present due to leaving the clinic waiting area. A: None P: Patient left before being evaluated & treated.
6/21/03 1300 hrs		5: "I have a tooth that is hurting at the bottom left." (Pt # 07) Patient points to # 17; O: # 17, small-medium pulsed decay + Rec., - Pulp, +1 Mobility

William K. Collins, D.D.S.
CDO
FCI McKean

000288

September 15, 1996

At Attachment IV-E, Page 1

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes no

If so, what? _____

2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes no

3. Have you been under the care of a physician during the past two years? If so, why? yes no

4. Have you been hospitalized in the past two years? If so, why? yes no

5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes no

6. Do your ankles ever swell during the day? yes no

7. Have you ever been treated for a tumor or growth? yes no

8. Have you ever had abnormal bleeding? yes no

9. Have you ever had serious difficulty with any dental treatment? yes no

10. Have you ever had clicking, popping, or pain in your jaw joint? yes no

Circle any of the following that you have had:

Congenital heart defects	Heart murmur
Heart attack or heart problems	Angina
Stroke	High Blood pressure
Rheumatic Fever	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Thyroid problems	AIDS or HIV infection
Chronic bronchitis	Emphysema
Venereal disease (syphilis, gonorrhea)	Tuberculosis (TB)
Arthritis	Psychiatric treatment
Artificial heart valve	Artificial joint
Hepatitis	

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes no

Do you have any disease, condition, or problem not listed?
WOMEN ONLY: Are you pregnant?

Name: Donald L Moshier Jr

Reg No. 10924-052

Institution: McKean A/B

Date: 6/10/02

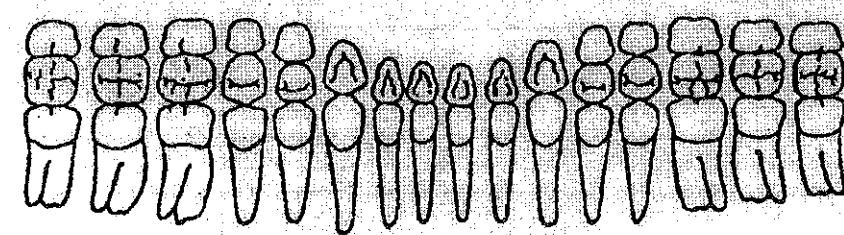
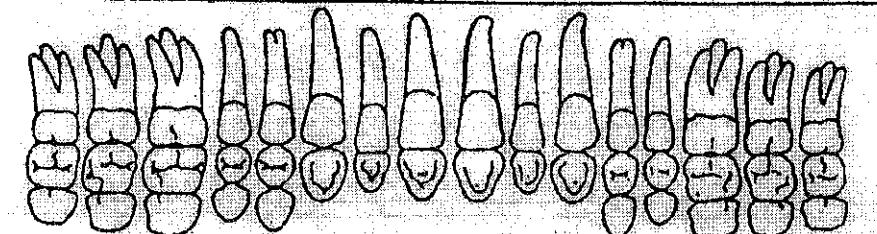
000289

D-5618.060 CLINICAL DENTAL RECORD CDFRM

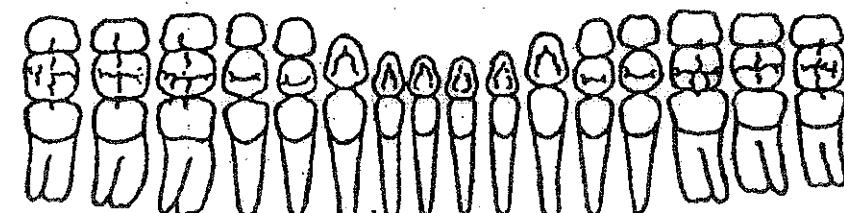
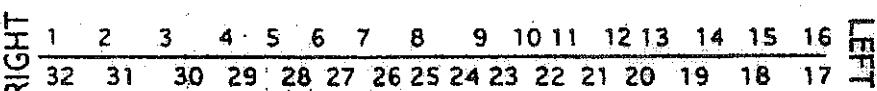
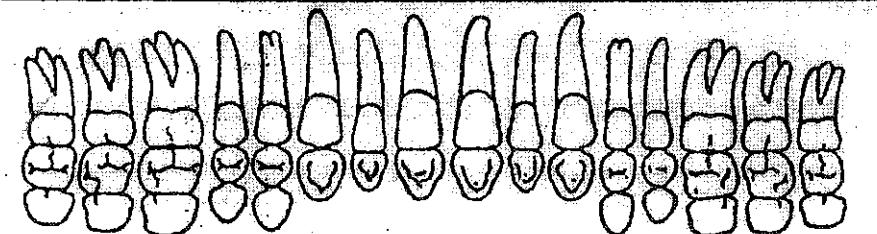
JG 96

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: Screening Comprehensive Periodic

Treatment Completed



Patient Name: MASHIER, DONALD, Age: 40

Number: 10924-052
DATE OF BIRTH: 18/18/96

MONTH DAY YEAR

RELEASE DATE

MONTH DAY YEAR

Dentist Signature

Date

5/23/02
OJ Hamilton OASHEALTH SERVICE UNIT
DOC BROOKLYN
100 29TH STREET
BROOKLYN, NEW YORK 11232

000290



PRINTED ON RECYCLED PAPER

Federal Bureau of Prisons Clinical Dental Records

000294

Bradford Regional Medical Center

116 Interstate Parkway
Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER, DONALD

Medical Record #: M000226525

Acct #: V04546554

DOB: 08/18/1961

Age: 43

Sex: M

Attending MD: Graham, Nathaniel MD
4 EAST

Location:

Date of Service: 04/18/05

HISTORY AND PHYSICAL

CHIEF COMPLAINT: Acute cholecystitis.

HISTORY: This is a 43-year-old white male who is an inmate at FCI McKean. He has a history of hepatitis C and has been on interferon now for some time, but having some difficulties. Recently, he began having abdominal pain and over the last 3 weeks, this pain which was initially only in the right upper quadrant and after meals became more severe and long lasting, and it is now constant. The pain is becoming more diffuse. Last week, he was referred to the Kane Hospital, underwent medical workup including ultrasound, CT, and apparently an EGD. He was diagnosed with acute cholecystitis, given some antibiotics, had some improvement, and went back to FCI McKean. Over the last day or so, he has been getting much worse clinically. His LFTs have actually looked better than they were before when he was at the height of his problems with hepatitis C. He is having more distress and was referred for surgical evaluation.

PAST MEDICAL HISTORY: Low back pain and hepatitis C.

MEDICATIONS:

1. Interferon 180 micrograms 1 weekly.
2. Ribavirin 600 milligrams b.i.d.
3. Lactulose 1 tablespoon b.i.d.
4. Zantac 150 daily.
5. Omeprazole 20 milligrams daily.
6. Albuterol inhaler 2 puffs q.i.d.
7. Doxycycline 10 milligrams p.o. b.i.d.

PAST SURGICAL HISTORY: Appendectomy, left knee surgery, and liver biopsy.

FAMILY HISTORY: Remarkable for cancer, emphysema, diabetes, and hypertension in his father and diabetes in his mother.

SOCIAL HISTORY: The patient used to smoke, but quit. He is separated and has 4 children.

REVIEW OF SYSTEMS: Denies any depression, anxiety, or psychiatric problems. Eyes: Denies any blurry vision or pain behind the eyes. Ears: Decreased hearing acuity or tinnitus. LUNGS: Denies any shortness of breath or coughing, but does have some dyspnea when he is in abdominal pain. GI: No nausea or vomiting today. He has had some diarrhea over the last week. GU: No burning or urination frequency or nocturia or decreased force of stream. ORTHOPEDIC: No active problems.

PHYSICAL EXAMINATION:

000292

GENERAL: The patient is a tall, large-boned, muscular man who appears older than stated age. He has long, coarse, gray-white hair, and full beard.

HEENT: Ears, eyes, nose: No lesions.

NECK: No adenopathy.

LUNGS: Clear, but he is splitting his respiration with abdominal pain.

HEART: Regular rate with no murmurs.

ABDOMEN: Firm with guarding in the right upper quadrant. Some tenderness, but without guarding throughout the rest of the abdomen.

EXTREMITIES: Unremarkable.

LABORATORY DATA: White count is 4.9, which is elevated for him. My discussions with Dr. _____ revealed that his white count normally is 1.8, hemoglobin is 13.7, and hematocrit is 39.6. Chemistries show bilirubin of 1.5, AST of 44, ALT of 85, alkaline phosphatase is 70. These numbers are way down from his highs previously according to Dr. _____. Glucose is 153 and electrolytes are satisfactory. I obtained some reports from Kane Hospital. These showed an ultrasound with thickened gallbladder wall up to 10 mm consistent with acute cholecystitis and 4-mm common bile duct. EKG normal. CT scan showed normal pancreas, thickened edematous gallbladder consistent with acute cholecystitis, and no biliary duct dilatation. CT of the chest was normal. Numbers there showed a white count of 2.4, hemoglobin 12.9, and hematocrit 37.

IMPRESSION: Acute cholecystitis.

PLAN: Admit, IV fluids, bowel rest, and antibiotics. If he does not rapidly improve, I think he should be explored and this would be best done through an open cholecystectomy. Risks are quite high in this patient with active hepatitis C. With a high-risk mortality for any abdominal operation, we will try to treat him medically; however, he would most likely require operation.

Thank you for the referral.

Job#: 4520101 / 285842

Signed By: _____ Graham, Nathaniel MD

GRAHNA/PRECYSE

DDT: 04/19/05 1619

TDT: 04/20/05 1040

Report Number: 0420-0029

cc:

FCI MCKEAN

Graham, Nathaniel MD

Reviewed by D. Olson, MD
Date: 5/2/05

BRADFORD REGIONAL MEDICAL CENTER

Bradford, Pennsylvania

DIAGNOSTIC IMAGING DISCHARGE INSTRUCTIONS - PROCEDURES

CALL YOUR PHYSICIAN OR GO TO AN EMERGENCY ROOM IF ANY OF THE FOLLOWING SYMPTOMS OCCUR:

ARTHROGRAM:	Severe swelling, pain, restriction of the joint; abnormal discoloration or redness at the site of injection
NEEDLE BIOPSY/ CORE BIOPSY:	Severe weakness, headache, fainting, swelling at the site of injection, abnormal redness and/or leaking of fluid at injection site.
PARACENTESIS/ THORACENTESIS:	Weakness, drowsiness, fainting; severe redness, soreness, leakage of fluid at site. Unusually fast heartbeat, fever, chills, discoloration or swelling area of injection site.
NEPHROSTOMY/BILIARY TUBE PLACEMENT:	Drainage from tube diminishes or stops. Signs of infection such as fever, chills, redness, excessive soreness, drainage around site.
BONE MARROW BIOPSY:	Excessive pain, bleeding at site. Signs of infection such as fever and chills.
HYSTEROSALPINGOGRAM:	Bleeding, unusual pain, foul-smelling discharge, fever or chills.
SPINAL TAP/MYELOGRAM:	Severe headache, fainting, weakness, swelling at site of injection, abnormal redness and/or leaking of fluid at injection site.
AMNIOCENTESIS:	Severe cramping, vaginal bleeding, leaking of fluid at injection site, redness or swelling at injection site.

OTHER: If you have any unusual symptoms that may have been caused by the procedure today or the medication we have given you, please contact your physician or return to an Emergency Room. Some of these symptoms may be:

<input checked="" type="checkbox"/> Fever	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Fainting
<input checked="" type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Rash or Hives
<input type="checkbox"/> Headache	<input type="checkbox"/> Restriction of Motion	<input checked="" type="checkbox"/> Drainage at Injection Site
<input type="checkbox"/> Bleeding		

If you have received any sedation today, this medicine will remain in your system for 24 hours. Even though you may feel normal, your reaction time has been altered. You may not operate any machinery, drive a vehicle, make any important decisions, sign any legal papers, or drink any alcoholic beverages for 24 hours because of the medication we have given you.

I, the patient or family member, acknowledge that I have read and understand the above instructions, I have had the opportunity to ask questions and have received a copy of the instructions.

Donald C. Mosher Jr. Richard Horsley CRN

Patient or Family Member

RN or Technologist

MOSHTER, DONALD

M-42

HORSLEY

226525

4447798

OUTPT. PROCEDURE

11 08/18/61

Additional Comments:

Reviewed by D. Olson, MD

Date: 8/18/04

Date 08/18/04

Patient Name Mosher, Donald

Patient M.R. Number

000294



UNITED STATES PENITENTIARY
LEWISBURG, PENNSYLVANIA

TO: ALL CONCERNED	UNIT: <u>A-1</u>	DATE: <u>3-23-26</u>		
INMATE'S NAME: <u>moshier, Dolores</u>	DETAIL: <u>16 day</u>	REG. NO.: <u>10324-052</u>		
MEDICAL CLASSIFICATION STATUS: (Check One)				
<input type="checkbox"/> IDLE:	<input type="checkbox"/> CONVALESCENT: <u>Today</u>	<input type="checkbox"/> RESTRICTED DUTY:		
<input type="checkbox"/> MEDICALLY UNASSIGNED:				
THRU 12 MIDNIGHT	, 20	THRU 12 MIDNIGHT	, 20	
<u>A-1, b</u>		THRU 12 MIDNIGHT		, 20

Physician or Physician Assistant

卷之三

- IDLE STATUS** – Temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals. No recreation activity.
- CONVALESCENT STATUS** – Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days. Excused from work with no recreation activities.
- RESTRICTED DUTY** – Restricted from specific activities because of physical condition. List condition, work limitation, and time period.
- MEDICALLY UNASSIGNED** – Unsigned due to existing medical condition.

गुरु गुरु गुरु

000295

UNITED STATES PENITENTIARY
LEWISBURG, PENNSYLVANIA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED INMATE'S NAME: Moshier, Donald
 UNIT: A - Block DATE: 03/09/06
 DETAIL: UNICOR REG. NO.: 16924-052
Hail Bazaar

MEDICAL CLASSIFICATION STATUS: (Check One)

IDLE: 2 days THRU 12 MIDNIGHT 03/10/06, 2006
 CONVALESCENT: _____
 RESTRICTED DUTY: _____
 MEDICALLY UNASSIGNED: _____
 THRU 12 MIDNIGHT _____, 20____

Luis Ramirez, P.A.

Physician or Physician Assistant Luis Ramirez, P.A.

IDLING STATUS – Temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals. No recreation activity.
 CONVALESCENT STATUS – Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days. Excused from work with no recreation activities.
 RESTRICTED DUTY – Restricted from specific activities because of physical condition. List condition, work limitation, and time period.
 MEDICALLY UNASSIGNED – Unsigned due to existing medical condition.



000296

UNITED STATES PENITENTIARY
LEWISBURG, PENNSYLVANIA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED
INMATE'S NAME: ROSTHOC, DAWN

UNIT: A DATE: 09.16.05
DETAIL: 16000 REG. NO.: 10924-05

MEDICAL CLASSIFICATION STATUS: (Check One)
 IDLE: Three Day S
 CONVALESCENT:
 RESTRICTED DUTY:

THRU 12 MIDNIGHT 09.18.05, 2r
THRU 12 MIDNIGHT _____;
THRU 12 MIDNIGHT _____;
THRU 12 MIDNIGHT _____;

() MEDICALLY UNASSIGNED:

Heannah M. Bushwick
Physician or Physician Assistant

IDLE STATUS - Temporary disability not to exceed three days duration including weekends and holidays. Restrict except for meals. No recreation activity.

CONVALESCENT STATUS - Recovery Period for operation, injury, or serious illness. Not less than four days and thirty days. Excused from work with no recreation activities.

RESTRICTED DUTY - Restricted from specific activities because of physical condition. List condition, work limit period.

MEDICALLY UNASSIGNED - Unsigned due to existing medical condition.

000297

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED John Dornell UNIT: 8/25/04
 INMATE'S NAME: John Dornell DETAIL: REG. NO. 10925-052
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

IDLE: Reason CONVALESCENCE List any restricted activity for medical reasons. THRU 12 MIDNIGHT 19
 CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 8/29/04
 RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 19
 TOTALLY DISABLED:
 FULL DUTY:

John Dornell
John Dornell
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbershop, religious services, sick call, visits and call outs. No recreation activity.
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
 FULL DUTY - No work restrictions because of physical, medical or mental disability.

000298

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED Moshier UNIT: AB DATE: 8/17/04
INMATE'S NAME: JESSIE M. Moshier DETAIL: Class 2 REG. NO. 109241

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

IDLE: Reason None CONVALESCENCE: List any restricted activity for medical reasons. None RESTRICTED DUTY: Specify exact restriction and reason. None TOTALLY DISABLED: None FULL DUTY: None No prolonged hospital stays None Physician or Physician Assistant None

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, bartering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.